KEWAUNEE HEALTH CARE CENTER

1308 LINCOLN STREET

**KEWAUNEE** Phone: (920) 388-4111 Ownershi p: Nonprofit Church-Related 54216 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 72 Title 18 (Medicare) Certified? Yes

Total Licensed Bed Capacity (12/31/00): 87

Number of Residents on 12/31/00: 58

\*

Average Daily Census:

61

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	29. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3. 4	More Than 4 Years	27. 6
Day Services	No	Mental Illness (Org./Psy)	29. 3	65 - 74	15. 5		
Respite Care	Yes	Mental Illness (Other)	8. 6	75 - 84	39. 7		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	34. 5	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & 0ver	6. 9	Full-Time Equivalen	t
Congregate Meals	No	Cancer	1. 7			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	15. 5	65 & 0ver	96. 6		
Transportation	No	Cerebrovascul ar	15. 5			RNs	8. 3
Referral Service	No	Di abetes	8. 6	Sex	%	LPNs	9. 8
Other Services	No	Respi ratory	5. 2			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	12. 1	Male	46. 6	Aides & Orderlies	30. 4
Mentally Ill	No			Female	53. 4		
Provide Day Programming for			100.0	İ			
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medi c	are		Medi c	ai d											
		(Title 18) (		(Title 19)			Other I		P	Private Pay		1	Managed Care			Percent	
			Per Die	em	n Per Diem		m	Per Diem		m	Per Diem		1	Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 2	\$120.66	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0. 00	1	1. 7%
Skilled Care	0	0. 0	\$0.00	_	84. 4	\$103.37	0	0. 0	\$0.00	10		\$127.42	0	0. 0	\$0.00	48	82. 8%
Intermediate				6	13. 3	\$86. 08	0	0.0	\$0.00	3	23. 1	\$127.42	0	0.0	\$0.00	9	15. 5%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0. 0		<b>45</b> 1	100. 0		0	0.0		13	100.0		0	0.0		58	100.0%

KEWAUNEE HEALTH CARE CENTER

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi ti	ons, Servi ces,	and Activities as of 12/3	31/00
Deaths During Reporting Period							
				%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	6. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1. 7		39. 7	58. 6	58
Other Nursing Homes	5. 2	Dressi ng	5. 2		36. 2	58. 6	58
Acute Care Hospitals	82.8	Transferri ng	29. 3		24. 1	46. 6	58
Psych. HospMR/DD Facilities	0.0	Toilet Use	10. 3		31. 0	58. 6	58
Rehabilitation Hospitals	0.0	Eati ng	62. 1		10. 3	27. 6	58
Other Locations	5. 2	**************	*********	******	*******	********	******
Total Number of Admissions	58	Conti nence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Exter	nal Catheter	1.7	Receiving R	espiratory Care	5. 2
Private Home/No Home Health	13.6	0cc/Freq. Incontine	nt of Bladder	63.8	Recei vi ng T	racheostomy Care	3. 4
Private Home/With Home Health	13.6	0cc/Freq. Incontine	nt of Bowel	43. 1	Receiving S	Sucti oni ng	3. 4
Other Nursing Homes	5. 1				Recei vi ng 0	Stomy Care	1. 7
Acute Care Hospitals	3.4	Mobility			Recei vi ng T	ube Feeding	3. 4
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	22.4	Receiving M	Mechanically Altered Diets	48. 3
Rehabilitation Hospitals	0.0						
Other Locations	13.6	Skin Care			Other Residen	t Characteristics	
Deaths	50.8	With Pressure Sores		17. 2	Have Advance	e Directives	77. 6
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	59				Receiving P	sychoactive Drugs	36. 2
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 $Selected\ Statistics:\ This\ Hospital\ - Based\ Facility\ Compared\ to\ Similar\ Facilities\ \&\ Compared\ to\ All\ Facilities$ 

	Thi s	0ther	Hospi tal -	A	<b>N11</b>
	Facility	Based F	acilities	Faci	lties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70. 1	87. 5	0. 80	84. 5	0.83
Current Residents from In-County	86. 2	83. 6	1. 03	77. 5	1. 11
Admissions from In-County, Still Residing	17. 2	14. 5	1. 19	21. 5	0.80
Admissions/Average Daily Census	95. 1	194. 5	0. 49	124. 3	0.77
Discharges/Average Daily Census	96. 7	199. 6	0. 48	126. 1	0.77
Discharges To Private Residence/Average Daily Census	26. 2	102. 6	0. 26	49. 9	0. 53
Residents Receiving Skilled Care	84. 5	91. 2	0. 93	83. 3	1.01
Residents Aged 65 and Older	96. 6	91. 8	1. 05	87. 7	1. 10
Title 19 (Medicaid) Funded Residents	77. 6	66. 7	1. 16	69. 0	1. 12
Private Pay Funded Residents	22. 4	23. 3	0. 96	22. 6	0. 99
Developmentally Disabled Residents	0. 0	1. 4	0. 00	7. 6	0. 00
Mentally Ill Residents	37. 9	30. 6	1. 24	33. 3	1. 14
General Medical Service Residents	12. 1	19. 2	0. 63	18. 4	0.65
Impaired ADL (Mean)*	64. 5	51.6	1. 25	49. 4	1. 31
Psychological Problems	36. 2	52. 8	0. 69	50. 1	0. 72
Nursing Care Required (Mean)*	10. 3	7. 8	1. 33	7. 2	1. 45